

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23516**

FILED AUG 6 - 1956

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4227		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) Craig		c. LENGTH OF STAY (In this place) 68		c. CITY OR TOWN Craig		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Craig, Missouri				e. STREET ADDRESS (If rural, give location) 6440			
3. NAME OF DECEASED (Type or Print) a. (First) Jack		b. (Middle) DeWitt		c. (Last) Randall		4. DATE OF DEATH (Month) (Day) (Year) August 1, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 12, 1888	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired farmer		11. KIND OF BUSINESS OR INDUSTRY On farm		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Weeden J. Randall		13b. MOTHER'S MAIDEN NAME Fannie Lee Perkins		14. NAME OF HUSBAND OR WIFE Odessa Randall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Odessa Randall - 1219 1/2 - 1st Street, St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June , 19 53 to Aug 1 , 19 56 that I last saw the deceased alive on 7 , 19 56 and that death occurred at 8 a m., from the causes and on the date stated above.							
23a. SIGNATURE F E Hogan M.D. (Degree or title)				23b. ADDRESS Mountain City, Mo.		23c. DATE SIGNED 8-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/3/56		24c. NAME OF CEMETERY OR CREMATORY New Liberty		24d. LOCATION (City, town, or county) (State) near Craig Mo.	
DATE REC'D BY LOCAL REG. 8-3-56		REGISTRAR'S SIGNATURE Fannett Crawford		25. FUNERAL DIRECTOR'S SIGNATURE Wilbur L. Schooner ADDRESS Craig, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Schooler

Licensed Embalmer No. 399

P. O. Address Craig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.